

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER							
Tawanda R. Weatherspoon	CA-06-009-KAJ							
DEFENDANT	TYPE OF PROCESS							
Deetective Marzec et al.	C/O							
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN							
→ Mr Colm F Connolly	Wilmington DE							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)								
AT 1007 orange St Suite 700, P.O. Box 2046 19899								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:								
Tawanda R. Weatherspoon 9008 Greentop RD Lincoln DE 19960								
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>6</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>*</td> </tr> </table>			Number of process to be served with this Form - 285	1	Number of parties to be served in this case	6	Check for service on U.S.A.	*
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Number of parties to be served in this case	6							
Check for service on U.S.A.	*							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold 1

Pauper Case

Signature of Attorney or other Originator requesting service on behalf of: <u>Tawanda Weatherspoon</u>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	302-422-9337	2-27-06
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk <u>BF</u>
				Date 3-8-06

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>SHARON BRYAN - Admin Asst.</u>	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>
Address (complete only if different than shown above)	Date of Service <u>3/30/06</u> Time <u>4:30 pm</u>
Signature of U.S. Marshal or Deputy <u>J. Scarpa</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
			FILED			

REMARKS:

